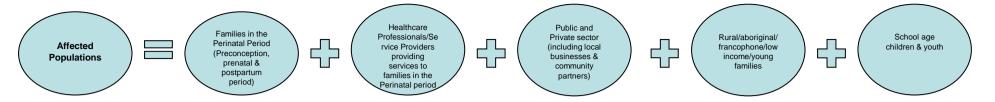
Timiskaming Health Unit BFI Logic Model

Goals: To promote and support informed infant feeding decisions & to increase initiation, duration, and exclusivity of breastfeeding in the Timiskaming District



Long Term Objective: Attain BFI designation for THU (complete external assessment in 2014) Medium Term Objective: Implement and maintain BCC integrated BFI Ten Steps - Practice Outcome Indicator adhere to the International Code of Marketing Breast milk Substitutes (complete Pre-assessment visit in 2013)

Ten Steps* (Service Components)

Activities*

•THU adopt policy that supports BCC BFI 10 steps & BFPP initiative Disseminate policy internal & external Annual document review of current THU policy and resources to assure code compliance

Communicate

THU

breastfeeding

policy

Educate all THU

staff •Referral mapping for infant feeding supports in THU •All THU staff receive orientation within 6 months to BFI policy & Create BFI education pathway for all staff •HR maintains Documentatio n of BFI education and training Annual BFI grand rounds with post-tests

Inform pregnant women

•Written prenatal curriculum compliant with steps 3 & 4 •Written resources that are compliant Collaborate on prenatal curriculum and resources with partners Pathway to support breast milk substitutes inquiries

Promote skin to skin contact

•Include in prenatal curriculum Resources available for parents Provide education resources to **HCP**

•PHN hospital liaison promotes connection to community BF supports (i.e. 48hr call) Create infant feeding care pathway to ensure community (i.e. 24/7) BF support Make breastfeeding resources available on THU website Promote information and resources available on hand expression Have support and resources available for families using breast milk substitutes ·Build on breastfeeding community model Provide educational resources to HCP Promote consistent messaging in resources

Provide lactation support Support exclusive (by HCP 24 & 48hrs breastfeeding for the including resources) first six months

 Infant feeding surveillance system Annual reporting of BF stats Promote medical interventions for supplementation to HCP through education Collaborate with TH, other community partners and HCP to understand infant feeding disparities and rates and offer BF support in Timiskamina

Promote 24h Rooming-In

classes

beyond six months Promote rooming -in the prenatal period Provide information and resources on safe sleep and rooming in to the public through media. community partners (i.e. TH), and prenatal

Promote baby-led, cue feeding, & sustained breastfeeding

Provide resources and information on infant cues. baby-led latching, contraception & breastfeeding and introduction to solids. breastfeeding support and community partner services •Update all resources every two years

Support non use of artificial teats or pacifiers

•Promote alternative strategies prenatally •Promote TH and community partners to acknowledge appropriate use of artificial teats Nipple shields provided when medically indicated •THU staff continue to document nipple shield usage and infant feeding

interventions in charts

Promote a continuum of care through supportive environments & community collaboration

•Promote the creation of BFPP throughout Timiskaming •FHC continues to meet Create infant feeding referral map for community •Promote maintain "our community" parent resource Collaborate with community partners to establish BF Peer support networks Promote cultural norms amongst partners and community members through media, annual awareness campaigns and school age/vouth focused initiatives Update THU website annually Offer annual professional development workshop for service providers

Indicators (Short-Term

and THU Objectives)

Policy implemented displayed in

100% of THU staff are knowledgeabl e about BFI. and the implication to their program as evidenced by completed

orientation

packages and

GR post-tests

Prenatal curriculum meets BFI outcome indicators and is review every two years

Families can identify feeling supported in the community and by their HCP related to their infant feeding decision

across district

Exclusive BF rate min of 75% at discharge reported annually

FHC meets quarterly

Community collaboration and a change in cultural norms is evident by increased number BFPP. BF peer support, and implementation of awareness campaigns (i.e. annual Quintessence Challenge)

THU hosts annual educational updates/PD workshops for HCP and service providers

THU resources are updated and reviewed for compliance with indicators 5.2 and the code of marketing every two years

*The service components and activities were derived from the BCC Integrated Ten Steps Practice Outcome Indicators

